

Plan for Reducing Excessive Operating Balance

Date: _____

SFA Name: _____

Address: _____

City/State: _____ Zip: _____

Telephone Number _____

FAX Number _____

The above named SFA hereby submits the following plan to reduce the excessive operating food service balance. This plan will be completed by _____, 20 ____.

Current Operating Balance: \$ _____

Average Monthly Expenditure - (value of commodities + depreciation) ÷ by 3): \$_____

Briefly Outline Plan (If additional space is needed attach another page):

[illegible]

(Signature of Authorized Representative)

(OFFICIAL USE ONLY)

☐ APPROVED☐ DENIED

(Signature of South Carolina State Department of Education Official)